

TOWN OF STONEHAM MASSACHUSETTS

Board of Health-Health Department 35 CENTRAL STREET STONEHAM, MA 02180

Board of Health

Business Name_

Telephone # 781-279-2621 Fax # 781-507-2615

APPLICATION FOR LONG / SHORT TERM DUMPSTER / COMPACTOR / GREASE BIN STORAGE PERMIT

(Permit must be posted conspicuously on same location as dumpster)

FEES: \$40 for the First Dumpster or Compactor; \$40 for Each Additional Dumpster, Compactor or Container on the Same Location, \$40 Grease Storage, \$40 each Grease Drum, \$40 Hazardous Materials (Motor Oil Storage). Shared Dumpster: \$40 Fee for each establishment.

NOTE: Any dumpster or container used for recycling is not subject to enclosure regulations.

NOTE: All dumpster permit holders will be assessed a late fee of \$50.00 per business day if application package for the new year is not received in this office by January 11th.

I hereby make application to the Board of Health to have a dumpster(s), compactor, or similar unit stored on the premises from which the contents are to be removed or transported or disposed of by a contractor engaged in transporting for compensation in accordance with Chapter 111, Section 5, of the Massachusetts General Laws, as amended and subject to the rules and regulations of the Board of Health. **Short-term dumpsters are not to exceed 12 months**.

APPLICANT INFORMATION

Complex Name

Business/Complex Address:	
Business/Property Owner/Manager	Telephone #
Business/Property Owner/Manager Address:	
Business/Property Owner/Manager Email:	
Please list all dumpster users:	
LOCATION OF DUMPSTER/C	OMPACTOR/GREASE STORAGE
Address of Dumpster:	Long or Short Term Dumpster:
Mailing Address for Permit and/or correspondence (if different):	
Number of dumpsters/containers:	
Amount Enclosed:	Dates
	upliance with the Town By-Law, Article VI, Section 20.43 des with a gate. Enclosures must be of a cleanable surface and be rimeter shall be maintained at all times. The enclosure shall be a
Is dumpster enclosed in accordance with the above stated	by-law?
YesNo If "No", state reason:	
	(OVER)

rour container is being shared with another business, please list names of businesses: OTE: All businesses are responsible for the maintenance of shared dumpster.
GARBAGE AND/OR GREASE DISPOSAL COMPANY INFORMATION
ntractor Name
dress
lephone #
te: Section 20.50 states the Contractor supplying the removal, transport or disposal of waste, debris, etc. must also obtoermit for such disposal from the Board of Health.
PPLICANT: gree to abide by the terms and conditions of the Town of Stoneham's Dumpster Regulations.
plicant's Printed Name
plicant's Signature Date
plicant's Title
PLEASE SIGN APPLICATION AND RETURN WITH A CHECK PAYABLE TO THE TOWN OF STONEHAM: Health Department 35 Central Street Stoneham, MA 02180
complete and/or unsigned applications will be returned and a \$50 late fee per day will be assessed if being bmitted after January 11th.
For Office Use Only: Paid Check #/Cash in the Amount of \$ on Permit #